## Case 12-22935 Doc 5 Filed 07/12/12 Page 1 of 7

B22C (Official Form 22C) (Chapter 13) (12/10)

	Glenn D Atwell	According to the calculations required by this statement:
In re	Tanya K Atwell	☐ The applicable commitment period is 3 years.
C N	Debtor(s)	■ The applicable commitment period is 5 years.
Case N	umber: (If known)	■ Disposable income is determined under § 1325(b)(3).
	(II KIIOWII)	☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	•	ne statement only.	+ I.	REPORT OF INC	COM	IE.				
1		ital/filing status. Check the box that applies a Unmarried. Complete only Column A ("Det	nd c	omplete the balanc	e of	this part of this state	men	t as directed.		
	b. <b>■</b>	Married. Complete both Column A ("Debto	ne'')	for Lines 2-10						
		gures must reflect average monthly income re		Column A	Column B					
	the fi	dar months prior to filing the bankruptcy case ling. If the amount of monthly income varied nonth total by six, and enter the result on the a	dur	ing the six months,				Debtor's Income		Spouse's Income
2	Gros	s wages, salary, tips, bonuses, overtime, con	nmis	ssions.			\$	8,333.34	\$	6,004.27
3	enter profe numb	me from the operation of a business, profess the difference in the appropriate column(s) of ssion or farm, enter aggregate numbers and proper less than zero. Do not include any part of luction in Part IV.	Lin	e 3. If you operate le details on an atta	more chm	e than one business, ent. Do not enter a				
		<b>,</b>		Debtor		Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b. c.	Ordinary and necessary business expenses Business income	\$	otract Line b from		0.00	\$	0.00	\$	0.00
4		ppropriate column(s) of Line 4. Do not enter of the operating expenses entered on Line b		a deduction in Par						
4		1	1.	Debtor		Spouse				
	a. b.	Gross receipts Ordinary and necessary operating expenses	\$ \$	0.00 0.00		0.00				
	c.	Rent and other real property income	_	btract Line b from			\$	0.00	\$	0.00
5	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
6	Pensi	ion and retirement income.					\$	0.00	\$	0.00
7	exper purp debto	amounts paid by another person or entity, on the debtor or the debtor's dependent ose. Do not include alimony or separate main or's spouse. Each regular payment should be related in Column A, do not report that payment in Column A.	s, ir tena por	acluding child sup ince payments or a red in only one col	<b>port</b> nour	paid for that nts paid by the	\$	0.00	\$	0.00
8	Howe benef	nployment compensation. Enter the amount is ever, if you contend that unemployment complit under the Social Security Act, do not list the but instead state the amount in the space belo	ensa e an	tion received by yo	ou or	your spouse was a				
		mployment compensation claimed to benefit under the Social Security Act Debtor	r \$	<b>0.00</b> Sp	ouse	\$ 0.00	\$	0.00	\$	0.00

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		
	Debtor Spouse		
	a.	0.00	\$ 0.00
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9	333.34	
11	<b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		14,337.61
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD		
12	Enter the amount from Line 11	\$	14,337.61
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spotenter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis of the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor of debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustment on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.	for or the	
	Total and enter on Line 13	\$	0.00
14	Subtract Line 13 from Line 12 and enter the result.	\$	14,337.61
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 enter the result.	and \$	172,051.32
16	Applicable median family income. Enter the median family income for applicable state and household size. (information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  a. Enter debtor's state of residence:  MD  b. Enter debtor's household size:  4		104 114 00
		\$	104,114.00
17	<ul> <li>Application of § 1325(b)(4). Check the applicable box and proceed as directed.</li> <li>□ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment top of page 1 of this statement and continue with this statement.</li> <li>■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commat the top of page 1 of this statement and continue with this statement.</li> </ul>	-	-
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOM	Œ	
18	Enter the amount from Line 11.	\$	14,337.61
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(suc payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.    a.	ne	
	Total and enter on Line 19.	Φ.	0.00
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	
	Current monthly income for § 1525(b)(5). Subtract Line 15 from Line 16 and enter the result.	\$	14,337.61

21		lized current monthly inc	ome for § 1325(b)(3). I	Multip	ply the a	mount from Line 2	20 by the number 12 and	\$	172,051.32
22	Applic	able median family incom	e. Enter the amount fro	m Lin	ne 16.			\$	104,114.00
23 24A	■ The 132 □ The 132 □ The 132		re than the amount on 1 of this statement and 2 more than the amount 1 of this statement and ALCULATION (eductions under State) and services, house to punt from IRS National this information is available.	Line comp t on I comp OF I ndar keepin Standable a	22. Cholete the Line 22. Clete Par DEDU ds of the supplards for the twww.u	eck the box for "D remaining parts of Check the box for t VII of this statem ICTIONS FR The Internal Revealies, personal care Allowable Living asdoj.gov/ust/ or from the remaining the control of the co	this statement.  r "Disposable income is not the complete Party of the complete Party of the complete Party of the complete (IRS)  e, and miscellaneous.  Expenses for the complete of the complete income is not complete party of the complete income	nined ot dete	under §
24B	Nation Out-of- Out-of- www.u who are older. ( be allow you sup Line c1 c2. Add	r federal income tax return.  al Standards: health care Pocket Health Care for per Pocket Health Care for per Isdoj.gov/ust/ or from the c e under 65 years of age, an The applicable number of wed as exemptions on your pport.) Multiply Line a1 by I. Multiply Line a2 by Line d Lines c1 and c2 to obtain  ms under 65 years of age  Allowance per person  Number of persons	Enter in Line al below rsons under 65 years of rsons 65 years of age or lerk of the bankruptcy of enter in Line b2 the appersons in each age cate federal income tax returned Line b1 to obtain a total am	w the a age, a older ourt.) pplica egory arn, pl al amo ount funt, and	amount ind in Lind in Lind in Lind in Lind in Lind in Lind in Enter in ble num is the num is the num to the number of the nu	from IRS National ine a2 the IRS National ine a2 the IRS National information is available of persons who imber in that categumber of any additional persons under 65, ons 65 and older, as	Standards for sonal Standards for lable at cable number of persons or are 65 years of age or ory that would currently tional dependents whom and enter the result in labeled in Line 24B.	\$	1,450.00
	c1.	Subtotal	240.00	c2.	Subto		0.00	\$	240.00
25A 25B	Utilitie availab the nur any add Local S Housin availab the nur any add debts se	Standards: housing and uses Standards; non-mortgage ale at www.usdoj.gov/ust/omber that would currently be ditional dependents whom standards: housing and uses and Utilities Standards; no le at www.usdoj.gov/ust/omber that would currently be ditional dependents whom secured by your home, as ster an amount less than zero.	expenses for the application of the least allowed as exemption you support.  tilities; mortgage/rent mortgage/rent expense for from the clerk of the least allowed as exemption you support); enter on I ated in Line 47; subtract	experior you	nse. Entur count to the total	nd family size. (Tourt). The applicable eral income tax returer, in Line a below y and family size (urt) (the applicable eral income tax retul of the Average Mount).	ne IRS Housing and his information is e family size consists of urn, plus the number of v, the amount of the IRS this information is e family size consists of urn, plus the number of Ionthly Payments for any	\$	663.00
	l <del></del>	IRS Housing and Utilities		nt exp	ense	\$	2,023.00		
	b.	Average Monthly Payment home, if any, as stated in L	for any debts secured b			\$	3,608.00		
	c.	Net mortgage/rental expen	se			Subtract Line b fi	om Line a.	\$	0.00
26	25B do Standar	Standards: housing and uses not accurately compute rds, enter any additional antion in the space below:	the allowance to which	you a	re entitl	ed under the IRS I	Housing and Utilities	\$	0.00

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.			
	Check the number of vehicles for which you pay the operating expen			
27A	included as a contribution to your household expenses in Line 7. $\square$ (			
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in th	e "Operating Costs" amount from IRS Local		
	Census Region. (These amounts are available at www.usdoj.gov/ust/	or from the clerk of the bankruptcy court.)	\$	500.00
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public T Standards: Transportation. (This amount is available at <a href="www.usdoj.gr.court.">www.usdoj.gr.court.</a> )	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$	0.00
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner ownership)			
	vehicles.) 1 2 or more.	a IDC I and Standarda Transmostation		
	Enter, in Line a below, the "Ownership Costs" for "One Car" from th (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy			
28	Monthly Payments for any debts secured by Vehicle 1, as stated in Little result in Line 28. <b>Do not enter an amount less than zero.</b>			
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00		
	Average Monthly Payment for any debts secured by Vehicle			
	b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ 348.64 Subtract Line b from Line a.	\$	168.36
	Local Standards: transportation ownership/lease expense; Vehicle		Ψ	100.50
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from th (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 29. <b>Do not enter an amount less than zero.</b>	court); enter in Line b the total of the Average ine 47; subtract Line b from Line a and enter		
	a. IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle	\$ 517.00		
	b. 2, as stated in Line 47	\$ 635.83		
	c. Net ownership/lease expense for Vehicle 2	Φ 033.03		
30		Subtract Line b from Line a.	\$	0.00
	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sales	Subtract Line b from Line a. expense that you actually incur for all federal, acome taxes, self employment taxes, social	\$	0.00 3,129.50
31	state, and local taxes, other than real estate and sales taxes, such as in	Subtract Line b from Line a.  expense that you actually incur for all federal, acome taxes, self employment taxes, social es taxes.  nt. Enter the total average monthly retirement contributions, union dues, and		
31	state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory	Subtract Line b from Line a.  expense that you actually incur for all federal, acome taxes, self employment taxes, social es taxes.  nt. Enter the total average monthly retirement contributions, union dues, and antary 401(k) contributions.  https://example.com/substitutions/substit	\$	3,129.50
	state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance	Subtract Line b from Line a.  expense that you actually incur for all federal, acome taxes, self employment taxes, social estaxes.  nt. Enter the total average monthly retirement contributions, union dues, and intary 401(k) contributions.  athly premiums that you actually pay for term on your dependents, for whole life or for tall monthly amount that you are required to	\$	3,129.50 661.82
32	state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as	Subtract Line b from Line a.  expense that you actually incur for all federal, acome taxes, self employment taxes, social estaxes.  nt. Enter the total average monthly retirement contributions, union dues, and intary 401(k) contributions.  hthly premiums that you actually pay for term on your dependents, for whole life or for tall monthly amount that you are required to spousal or child support payments. Do not in ysically or mentally challenged child. Entertion that is a condition of employment and for	\$ \$	3,129.50 661.82 10.00
32	state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu Other Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance any other form of insurance.  Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.  Other Necessary Expenses: education for employment or for a ph the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dep	Subtract Line b from Line a.  expense that you actually incur for all federal, acome taxes, self employment taxes, social estaxes.  nt. Enter the total average monthly retirement contributions, union dues, and intary 401(k) contributions.  athly premiums that you actually pay for term on your dependents, for whole life or for tall monthly amount that you are required to spousal or child support payments. Do not spousal or child support payments. Do not endent child for whom no public education the spousal or child you actually expend on	\$ \$	3,129.50 661.82 10.00

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	85.00
37	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$	0.00
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.	\$	8,107.68
	Subpart B: Additional Living Expense Deductions		
	Note: Do not include any expenses that you have listed in Lines 24-37		
	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		
39	a. Health Insurance \$ 90.57		
	b. Disability Insurance \$ 0.00		
	c. Health Savings Account \$ 416.67	_	
	Total and enter on Line 39	\$	507.24
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:		
	<u>\$</u>		
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$	0.00
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount		
	claimed is reasonable and necessary.	\$	0.00
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		
	necessary and not already accounted for in the IRS Standards.	\$	0.00
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00
		Ψ	0.00
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §		
73	170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$	0.00

				Subpart C: Deductions for De	ebt 1	Payment			
47	ov ch sc ca	wn, neck thed ase,	list the name of creditor, ident whether the payment includes uled as contractually due to ea	Is. For each of your debts that is secure if the property securing the debt, state at taxes or insurance. The Average Month of Secured Creditor in the 60 months for additional entries on a separate page.	the A	Average Monthly ayment is the to ving the filing of	Payment, and tal of all amounts the bankruptcy	,	
			Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance		
		a.	Bank of America	Location: 2683 Solomons Island Road, Edgewater MD 21037	\$	475.00	□yes ■no		
		b.	Bank of America	Location: 2683 Solomons Island Road, Edgewater MD 21037	\$	3,133.00	■yes □no		
		c.	DVC	Disney Vacation Club Timeshare	\$		■yes □no		
		d.	Santander Consumer	2012 Chrysler Van	\$		□yes ■no		
		e.	Subaru Motors Finance	2010 Subaru Impreza	\$	otal: Add Lines	□yes ■no	\$	5,055.47
	su	ıms	in default that must be paid in bllowing chart. If necessary, lis	to maintain possession of the property. order to avoid repossession or forecloss t additional entries on a separate page.  Property Securing the Debt		List and total any	y such amounts in		
			Name of Creditor	Property Securing the Debt  Location: 2683 Solomons Isla	nd	1/60th of t	the Cure Amount		
		a.	Bank of America	Road, Edgewater MD 21037		\$	216.67 Total: Add Lines	\$	216.67
49	pr no	riori ot ii hap	ty tax, child support and alimonclude current obligations, su	claims. Enter the total amount, divided only claims, for which you were liable at the as those set out in Line 33.  es. Multiply the amount in Line a by the	the t	0, of all priority ime of your ban	claims, such as kruptcy filing. <b>D</b> o		15.16
	a		Projected average monthly	Chapter 13 plan payment.	\$		0.00		
50	b		Current multiplier for your issued by the Executive Off	district as determined under schedules ice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of			8.50		
	С	٠.	1 2 /	ative expense of chapter 13 case	To	otal: Multiply Li	nes a and b	\$	0.00
51	T	otal	<b>Deductions for Debt Paymen</b>	<b>nt.</b> Enter the total of Lines 47 through 5	50.			\$	5,287.30
				Subpart D: Total Deductions f	ron	n Income			
52	T	otal	of all deductions from incon	<b>ne.</b> Enter the total of Lines 38, 46, and 5	51.			\$	13,902.22
			Part V. DETERM	INATION OF DISPOSABLE	INC	COME UNDI	ER § 1325(b)(2	2)	
53	T	otal	current monthly income. En	nter the amount from Line 20.				\$	14,337.61
54	pa	aym	ents for a dependent child, rep	y average of any child support payments orted in Part I, that you received in acco ary to be expended for such child.				\$	0.00
55	Q w	ual age	ified retirement deductions.	Enter the monthly total of (a) all amoun retirement plans, as specified in § 541(					108.33
	10	10	piano, as spec	,(\)(1/)·				Ψ	100.00

56	Total of all deductions allowed under § 707(b)(2). Enter the amount	t from Line 5	52.	\$	13,902.22
	Deduction for special circumstances. If there are special circumstance there is no reasonable alternative, describe the special circumstances at If necessary, list additional entries on a separate page. Total the expension provide your case trustee with documentation of these expenses and of the special circumstances that make such expense necessary and	and the result ses and enter ad you must	ing expenses in lines a-c below. the total in Line 57. You must provide a detailed explanation		
57	Nature of special circumstances		ount of Expense		
	a.	\$			
	b.	\$			
	c.	\$			
		Tota	l: Add Lines	\$	0.00
58	<b>Total adjustments to determine disposable income.</b> Add the amount result.	its on Lines 5	54, 55, 56, and 57 and enter the	\$	14,010.55
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 f	from Line 53	and enter the result.	\$	327.06
	Part VI. ADDITIONAL EX	DENCE (	T AIMS		
	Other Expenses. List and describe any monthly expenses, not otherwing of you and your family and that you contend should be an additional do 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate part of the content of the conte	ise stated in teduction fro	this form, that are required for the m your current monthly income u	ınder §	
60	Other Expenses. List and describe any monthly expenses, not otherwi of you and your family and that you contend should be an additional d 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate peach item. Total the expenses.  Expense Description  a.  b.  c.  d.	ise stated in a deduction fro page. All fig	this form, that are required for them your current monthly income to gures should reflect your average  Monthly Amount  \$ \$ \$ \$ \$	ınder §	
60	Other Expenses. List and describe any monthly expenses, not otherwing of you and your family and that you contend should be an additional of 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate peach item. Total the expenses.    Expense Description   a.   b.   c.   d.   Total: Add Lines a, b, c	ise stated in a deduction fro page. All fig	this form, that are required for them your current monthly income to gures should reflect your average  Monthly Amount  \$ \$ \$	ınder §	
60	Other Expenses. List and describe any monthly expenses, not otherwi of you and your family and that you contend should be an additional d 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate peach item. Total the expenses.    Expense Description   a.   b.   c.   d.     C.   d.   Total: Add Lines a, b, c	ise stated in a deduction fro page. All fig	this form, that are required for them your current monthly income trues should reflect your average  Monthly Amount  \$ \$ \$ \$ \$ \$ \$	inder §	y expense for
60	Other Expenses. List and describe any monthly expenses, not otherwing of you and your family and that you contend should be an additional of 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate peach item. Total the expenses.    Expense Description   a.   b.   c.   d.   Total: Add Lines a, b, c	ise stated in a deduction fro page. All fig and d	this form, that are required for them your current monthly income to gures should reflect your average  Monthly Amount  \$ \$ \$ \$ \$ \$ true and correct. (If this is a joint of the point of t	inder §	y expense for